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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(For use with Form PTO/SB/06)

Application Number	Filing Date
09/436,184	11-8-99

Applicant(s) WANDS et al.

1-14-05

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							1-14-05	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1					—	51			1			—
2		1				—	52				1		—
3		1				—	53				1		—
4		1				—	54				1		—
5		1	Cancel			—	55				1		—
6		1				—	56				1		—
7		1				—	57				1		—
8		1				—	58				1		—
9	1					—	59			1	.		—
10	1		1		1		60				1		—
11		1	Cancel			—	61				1		—
12		1	Cancel			—	62				1		—
13		1	1	.	1		63				1		—
14		1		1			64				1		—
15		1		1			65				1		—
16	1					—	66				1		—
17		1				—	67				1		—
18		1				—	68				4		—
19		1				—	69						—
20		1				—	70						—
21		1				—	71						—
22		1				—	72						1
23	1		Cancel			—	73						1
24		1				—	74						
25		1				—	75						
26	1					—	76						
27		1				—	77						
28	1					—	78						
29	1					—	79						
30		1				—	80						
31		1				—	81						
32		1				—	82						
33	1					—	83						
34		1				—	84						
35		1				—	85						
36		1				—	86						
37	1					—	87						
38	1					—	88						
39				1		1	89						
40				1		1	90						
41				1		1	91						
42				1		1	92						
43				1	1		93						
44				1		1	94						
45				1		1	95						
46				1		1	96						
47				1		1	97						
48				1		1	98						
49				1		1	99						
50				1			100						
Total Indep	11						Total Indep			4		2	
Total Depend	27						Total Depend			33		16	
Total Claims	38						Total Claims			37		18	

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